

## STANFORD UNIVERSITY MEDICAL CENTER

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July 2, 1975

STANFORD UNIVERSITY SCHOOL OF MEDICINE SUMEX COMPUTER PROJECT Department of Genetics Professor J. Lederberg Principal Investigator

Dr. Robert M. Baer
METADATA Corporation
P.O. Box 746
Mill Valley, California 94941

Dear Dr. Baer,

Your letter of June 12th was received here on June 30th. You may recall that you wished further amplification of the grounds by which the SUMEX-AIM Executive Committee responded to your application for access.

I am sure you realize that it is impossible for us to sustain an indefinite dialogue or we will have time for no other activity. I can assure you that your application was dealt with with very great care and in full accordance with our established procedures.

I believe you already have quite detailed information about the criteria which are used in the selection of cooperative projects. Obviously, there must then still be some exercise of judgment in the determination of those projects which are believed to be the most appropriate for the general fulfillment of the goals of this system. I would merely call your attention to the specific points that (1) SUMEX is not funded as a routine service utility and (2) that our focus is necessarily at the level of new research into methodologies of computer applications, not to be a vehicle for operational delivery of health care, except to the extent that this is a necessary part of the research function.

I would add that there were additional considerations: SUMEX is configured so as to be able to deal with rather large and complex programs rather than furnish an economical store for data basis.

Your application indicated that the main purpose of your access to SUMEX was the clinical testing of present programs; and these were hardly described in sufficient detail to enable a critical evaluation. We are primarily interested in the research and early development of new AI oriented software and must focus on those projects which in our own view are most likely to contribute to the consclidation of community efforts in this field.

Let me repeat that these judgments in no way bear on the potential value for health care purposes of your efforts and indeed one of our referees commented on the belief that the work was to be commended as a creative application of computer support in a clinical context.

You may well regard some of these distinctions as arbitrary; but I believe that you will find that a similar pattern pertains to the basic organization of federal support for innovations relating to health care.

Sincerely yours,

Joshua Lederberg Principal Investigator

JL/rr